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Applicant: Christopher J. MOULIOS

Appl. No.: 09/835,253

Filing Date: April 13, 2001

Entitled: SYSTEM FOR AND METHOD OF DETERMINING THE PERIOD OF RECURRING EVENTS WITHIN A RECORDED SIGNAL.

Enclosed:

- Patent Application Transmittal
 Patent Application
₍ _____ pages, _____ sheets of drawings)
 Provisional Patent Application Cover Sheet
 Provisional Patent Application (_____ pages)
 RCE Transmittal
 Preliminary Amendment
 Amendment (final)
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.APPLICANT Christopher J. MOULIOSSERIAL NO. 09/375,253FL & H DOCKET NO. 450103-05760TITLE SYSTEM FOR AND METHOD OF DETERMINING THE PERIOD OFRECURRING EVENTS WITHIN A RECORDED SIGNAL

- APPEAL BRIEF
 APPEAL FEE
 CERTIFICATE OF CORRECTION
 DISCLAIMER
 EXTENSION OF TIME (3 months)
 FEE FOR ADDED CLAIMS
 FILING FEE (SCE)
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DATE: 3/21/06

RE: US Patent Appln # 09/835,253
Filing Date 4/13/01

EXAMINER: SELLERS, Daniel R.

Art Unit 2644

of Pages 23

CONTENTS: RCE & PRELIMINARY
AMENDMENT

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- Applicant: Christopher J. MOULIOS
Appl. No.: 09/835,253
Filing Date: April 13, 2001
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APPLICANT Christopher J. MOULIOS

SERIAL NO. 09/635,253

FL & H DOCKET NO. 450103-05760

TITLE SYSTEM FOR AND METHOD OF DETERMINING THE PERIOD OF

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- | | |
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Applicant(s) : Christopher J. MOULIOS
 Serial No. : 09/836,263
 For : SYSTEM FOR AND METHOD OF DETERMINING THE PERIOD OF RECURRING EVENTS WITHIN A RECORDED SIGNAL
 Filed : April 13, 2001
 Examiner : SELLERS, Daniel R.
 Art Unit : 2644

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Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	21	Minus	20 =	1 x	\$5(25)	= \$50.00
Independent claims	4	Minus	3 =	1 x	\$20(100)	= \$200.00
			Total additional fee for this amendment			= \$250.00

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid , or is paid herewith .
- This response is being filed within the mon th following the expiration of the term originally set therefor.
 This is a petition to request a - month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$ 250.00 is attached, which covers the cost of
 additional claims and - month petition for extension of time.
- Charge \$ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit / account No. 50-0320.

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Attorneys for Applicant(s)

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Date of Deposit: January 4, 2006

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By: Samuel S. Lee
Reg. No. 42,791
Tel. (858) 731-5000



Chiaki Kokka

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